

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hillary for America

**A. Full Name (Last, First, Middle Initial)**

Randall Cushman

Mailing Address PO Box 450

City

Moody

State

ME

Zip Code

04054-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Programmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

236.41

**Transaction ID : C289348**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 28 / 2015

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)**

Genevieve Lynch

Mailing Address 270 Broadway  
Apt 22A

City

New York

State

NY

Zip Code

10007-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Restaurateur

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : C53208**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 16 / 2015

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

Susan Kizirian

Mailing Address 2919 W Hawthorne Rd

City

Tampa

State

FL

Zip Code

33611-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

**Transaction ID : C10278**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 12 / 2015

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional).....

2850.00

**Total This Period** (last page this line number only) .....